

1784

ARIZONA STATE DEPARTMENT OF HEALTH

(This return should preferably be made
by the person who made the original)

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*

Place of Birth

Globe, Arizona

County

Gila

No.

Devereaux

St.

(Registration District)

| | | | | | |
|---------------|------------------------------|---|-----|---|--------------------------------|
| SEX OF CHILD* | Twin Triplet or other? | { | and | } | Number in order of birth |
| Male | | | | | |

| | | |
|----------------|--------------|--------------|
| DATE OF BIRTH* | September 26 | 1928 |
| | (Month) | (Day) (Year) |

| | |
|---------------------------|--------|
| FULL NAME | FATHER |
| BENJAMIN ROSS TOLSON, Sr. | |

| | |
|--------------------|--------|
| FULL MAIDEN NAME | MOTHER |
| Dorothy May Mechan | |

I HEREBY CERTIFY that the child described
herein has been named

James Robert Tolson

(Give name in full)

(Surname)

Dorothy May Mechan (Tolson)

(Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.
10M 11-41 A.P.

135-926-445